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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deeth. Page 4	1	D FUNERAL DIREC After this certificate has been signed by the attending physician and completely filled in by the	90	the registrar prior to budial, cremation, or remayal, and in any event within 72 bours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERT		Λ I L			V I I
		-	-		

Reg. Dist. No. 05679

									10 1701	
1. PLACE OF DEATH	oward	ət	MARYLA	2. USUAI o. STA	RESIDENCE (W	there decease	d lived. If institut b. COUNTY		e before adr	minion)
b. CITY OR TOWN (I RURAL and give re	f outside corporate lim	its, write -	c. LENGTH OF STAY IN	1b c. CIT	Y OR TOWN (IF	outside corpo	prote limits, write I	URAL and gi	ive negrest h	own) V
Ellicott	'		16 days		Baltimo	ore, 1	.8. Md.	34	01-4	4
d. NAME OF HOSPIT OR INSTITUTION Taylor	AL (If not in hospital,) lanor Hospa	give street o	oddress)	d. STI	REET ADDRESS		Hall Ros		e. IS ON YES	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fi	rat	Middle		Last	4. DATE	Мо	nth	Day	Yeor
(Type or print)	Im	ma	Mar	tha Ba	ker	DEATH	Ma	7 1	9	19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE O	FBIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
Female	White	WIDOWE	DIVORCED [J Aug 1	2, 1880)	78 yrs		Days Hou	Min.
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b. I	KIND OF BUSINESS OR I	NDUSTRY 11. B	IRTHPLACE (Stote	e or foreign o	country)	12. CITI	ZEN OF WH	AT COUNTRY?
Bookkeeper		Co	nsol. Disti	llers E	Batlimor	re, Md		U	I.S.	
13. FATHER'S NAME					HER'S MAIDEN					
William D.	Baker			Wi	lhelmin	a Durk	nam			
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFORMAN	T		Ade	Ìress		
(Yes, no, or unknown)	(If yes, give war or dates of t	21	3-01-4991A	Mrs. I	Howard T	. Norn	ris - 440	6 Mart	ole Hai	11 Rd.
IR. CAUSE OF DEA	TH Fater only one co	ouse per lin	e for (a), (b), and (c).]						LINTERVAL	BETWEEN
	TH WAS CAUSED BY:	00	rebral thr	ombosis					ONSET AL	ND DEATH
332 X	IMMEDIATE CAUSE (c		. 2 0 2 0 1 0 1 1 2	0.1100020						711.0
Can distance it a			rebral arte	rioscle	rosis				2 37	ears
Conditions, if o	mmediale)	COLCI DI CC	1 100010	TODIO				_ y	COLO
cause (a), stating lying cause lost.			terioscler	ogic g	onanali	203			unle	nown
			ONTRIBUTING TO DEATH				E CONDITION CI	VENT INT BART	The second secon	
Chronic		-	with para	_			SE CONDITION GI	AEIA IIA LAKI	PER	RFORMED?
OHIOHIC			RIBE HOW INJURY OCC	,de	0		a H of Don 18 h		YES	NO
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	200. Desc	KIDE HOW INJURY OCC	ORKED, (Enter no	store or injury in	rom for ro	ri ii or iiem ib.j			
20c. TIME OF INJUR Hour e, m. p. m.	Y Month, Day, Ye	or 20d. IN While at work	Not while	e. PLACE OF IN factory, street	JURY (Home, for , office bldg., et	m, 20f. (Cit	y or town)	(Co	ounty)	(State)
	at I attended the	decease	ed from 5/4/	59 19) to	5/19	19.59	that I le	nst saw H	he decensed
alive on	5/19		59 , and that de							
	- /			cuir accorre	· · · · · · · · · · · · · · · · · · ·		ireel, city or town		0 9010 31	DATE SIGNED
ACTUAL	show La	e /	la guess	un Ta	vlor Ma	nor H	osp. 31	icott	City	5/19/5
	1	•	1							
PHYSICIAN'S NAME (Type)	tephen Le	e Mag	nešs, M.D.	Ta	ylor Ma	anor H	losp, Illi	cott	City,	Md.
220. BURIAL, CREMATIC		OF .	22c. NAME OF CEMETE	RY OR CREMATO	DRY	22d. LOCA	TION (City, Iown,	Or county)	(5	State)
REMOVAL (Specify) Burial	5/21/50		Mt. Oliv	et Cem		Bal	to. Md.			
23. SUNERAL DIRECTOR		,	MDDRESS /	1 1	24o. REC	D BY REGIS		STRAR'S SIG	NATURE	
Mr. J.	Vinkon	1109	Sous- 1	DADIO!	-7	AY 2 0 '		ribun &	Hama	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERT	IFIC.	ATE	OF	DEA	TH

Reg. Dist. Nd) 5680

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1. PLACE OF DEATH a. COUNTY	Howard	20	MARYLANG			here deceose	d lived. If instituti b. COUNTY		He before adm	nission),
b. CITY OR TOWN	(If outside corporate limi	s, write	c. LENGTH OF STAY IN 11			outside corpo	rate limits, write f	URAL ond	give nearest to	own)
d, NAME OF HOSP OR INSTITUTION	Daughter			/ d. STREET A		Road			101	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ELLE	Ň	GRIFFIT	H CLARE		4. DATE OF DEATH	May	nth	Day 18,	Year 19 59
5. SEX Female	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH		Į.	9. AGE (In years lost birthday)	IF UNDER	Doys Hau	
10a. USUAL OCCUPAT during most of we NOUS ON	ION (Give kind of work of tricking life, even if retired)	lane 10b. I	KIND OF BUSINESS OR IN		ACE (Slate		ountry] d.•	12. CIT	TIZEN OF WH	AT COUNTRY?
13. FATHER'S NAME Goldabo	rough S. Gr.	iffit	h	14. MOTHER'S Blia	MAIDEN					
15. WAS DECEASED EV (Yes, no. or unknown)	PER IN U. S. ARMED FOR (If yes, give wor or dates of st			Mr. G. Y.	Clark	182	Add 2 Freder:		d. Cato	nsville
PART I. DE 450.0 Conditions, if gave rise to cause (a), stating lying cause lost	g the <u>under-</u> DUE TO	· · · · · · · · · · · · · · · · · · ·	Williamic actions of one of the open th	Coma	Our	eroly	نب		ONSET AND 12 K	BETWEEN ND DEATH OUG
20a. ACCIDENT W	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	L ,	Abdon-	1 Ista	tu	el ,	suncy	J. IN PAR	PER	FORMED?
20c. TIME OF INJU Hour e. p. m.	JRY Manth, Day, Yes	White	Not white	PLACE OF INJURY (I foctory, street, office			ar town]	(6	County)	(Slate)
21. I certify to olive on	CLIEF	deceose 19 d'	3, and that dec	ath occurred at.	160	ADDRESS (S	n the couses of reet, city or town.	and on ti	he date sta	te deceased ofted above. DATE SIGNED S
220. BURIAL CREMATI	ON, 226. DATE THEREO		22c NAME OF CEMETERY	OR CREMATORY		22d TOCA	cott Cit	or county)	Md	tate)
John O. Mi	rs signature tchell & So:	ns In	c. 1900 Eutar	w Place		D BY REGIST		STRAR'S SIG		

VS A15 (4) 15M 9/55

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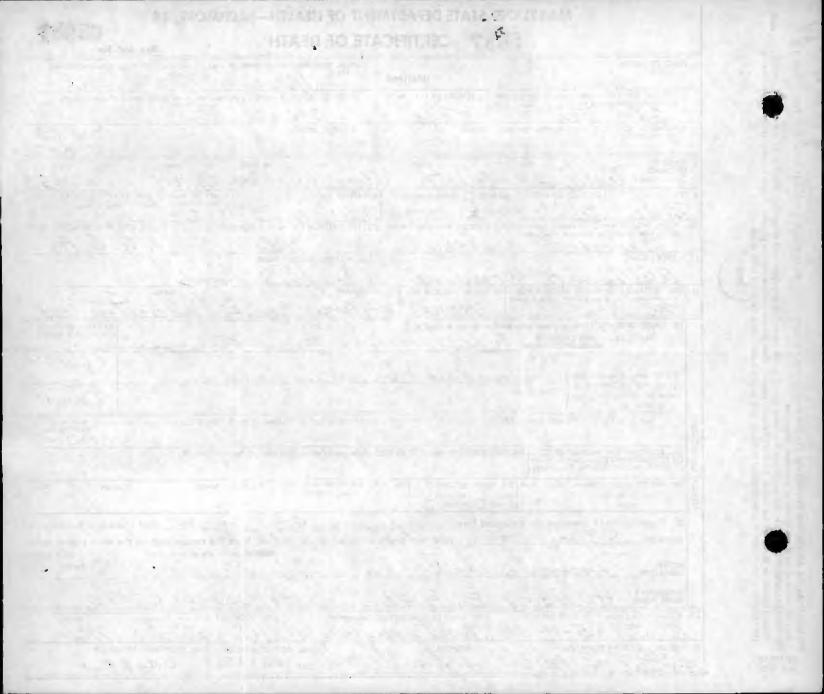
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FCOM CERTIFICATE OF BEATH 05681

3087 CERTIFICA	ALE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY HOWARD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, STATE b. COUNT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write	RURAL and give nearest lown)
d. NAME OF HOSPITAX (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William Twalter	Conson 4. DATE OF DEATH MA	onth Day Year
Male with widowed DIVORCED	8. DATE OF BIRTH Massell, 16, 1877 8. AGE In year lost birthdoy 8. 2 yr	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or toyeign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME.	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dales of service) 16. SOCIAL SECURITY NO. 17. IN	MORMANT PARES SHE	musting med
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (g).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. [c)	where misewer Certification	interval between onset and death April 5-9 8 may 19
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION G O. (Enter nature of injury in Part I or Part II of item 18.)	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
THE EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or lown) tory, street, office bldg., etc.)	(County) (Stole)
21. I certify that Lattended the deceased from parallel adive on S My 1959, and that death ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S 1401413 5 5 5 5 6 1	accurred at 1:15 P.M. fram the causes ADDRESS (Street, city or town A.D. Sykesville D. Sykesville	and an the date stated above. DATE SIGNED THE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) 5-11-59 Montigonal		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	Cul 1 . l /	GISTRAR'S SIGNATURE Cilling & Kneet



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 2 FilmG243 6-5-59 at

CERTIFICATE OF DEATH

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2000				Keg.	UIST. NO.	
1. PLACE OF DEATH a. COUNTY HOWARD	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan		If institutions Resi	idence before	odmission)
b. City OR TOWN (If outside carporate limits, write RURAL and give nearest town) Ellicott City	161/2 hrs.	c. CITY OR TOWN (If or Baltimore	utside carporete lin	nits, write RURAL o	nd give neare	st town) SVO 1.44
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	······································		•.	IS RESIDENCE ON A FARM?
Taylor Manor Ho	ospital	3510 Ken	tucky Av	enue		YES NO
3. NAME OF First DECEASED (Type or print) Frank	Middle C •	Giese	4. DATE OF DEATH	Month May	30	Year 19 59
5. SEX Male Male Mhite Modern	IED NEVER MARRIED DIVORCED DIVORCED	April 18,189	98 9. AG	birthday) Manth		UNDER 24 HRS.
		stry 11. Birthplace (Stole of		12.	U.S.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.				
John Giese			lknown			
(Yes, no, or unknown) (If yes, give wor or dates of service)		ohn A.Giese,	son, 351	Address LO Kentu	icky A	ve.
tying cause lost. (c) AC1	ute Brain Syn	ol intoxication	sychosis		a- ui	nknown
Malnutrition,	dehydration			-		PERFORMED?
	IRIBE HOW INJURY OCCURRE	ED, (Enter nature of injury in P	art for Port II af i	ilem 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a.m. 19 of work	Nat while fa	LACE OF INJURY (Home, form, ictory, street, affice bldg., etc.)	20f. (City or tav	vn)	(Caunty)	(Stale)
ACTUAL Tephen (gg /// PHYSICIAN'S NAME (Type) Stephen Lee Mas	59, and that death	accurred at 9:30	AM, from the ADDRESS (Street, c nor Hosp	causes and arity or town, state)	icott	DATE SIGNE City5/3
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 6/3/59	Holy Redeen		22d. LOCATION (City, lown, or count	(עי	(State)
23 FUNERAL DIRECTOR'S SIGNATURE Charles E. Schimunek F	ADDRESS		BY REGISTRAR	24b, REGISTRAR'S	SIGNATURE & Huma	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIREC.

After this certificate has been signed by the attending physician and completely filled in by the craft director, page 3 should be directed for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be with may be retained by the haspital or attending physician.

D. FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be another the or the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shother registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

05683

MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary)	nere deceased lived. If institution: Reand. b. COUNTY H	esidence before admission)
- IENICTH OF STAV IN Th			
9 years		outside corporate limits, write RURAL Allicott City	and give nearest town]
el address)	R.F.D. #2		e. IS RESIDENCE ON A FARM? YES NO
Middle RUTH	HERSHEY	4. DATE Month OF DEATH May	Doy Yeor 14 19 59
_	B. DATE OF BIRTH October 27, 1	last hirthdays	nths Doys Hours Min.
b. KIND OF BUSINESS OR INDU			2 CITIZEN OF WHAT COUNTRY U.S.A.
			Ty
			ott City, Md.
angrene left s CONTRIBUTING TO DENTH BUT	fort, Was	emia	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES IN NO IP-
. INJURY OCCURRED 200. PL	ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)
ILE TAGE AUTIE	clory, siteer, diffice blug., elc	··! [
. //	accurred at 2:45	-4	
22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or cou	
		Hagerstown.	Maryland
	Middle RUTH ARRIED NEVER MARRIED WED DIVORCED Ob. KIND OF BUSINESS OR INDU 16. SOCIAL SECURITY NO. 17. In one Time for (a), (b), and (c). I line for (b), (b), and (c). I school famous SECURITY NO. 17. I line for (a), (b), and (c). I line for (b), (b), and (c). I line for (c), (b), and (c). I school famous I scontinue for the form of the form	Middle Lost RUTH RUTH HERSHEY ARRIED NEVER MARRIED B. DATE OF BIRTH October 27, J The KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State Chambers 14. MOTHER'S MAIDEN I Hattie 15. SOCIAL SECURITY NO. 17. INFORMANT Miss. Harriet Therefore (a). (b). and (c).] Libelies, arterioselectic has been been been been been been been bee	Middle Lost OF DEATH HAY ARRIED NEVER MARRIED DIVORCED TOCTOBER 11. BIRTHPLACE (State or foreign country) Chambersburg, Pa. 14. MOTHER'S MADEN NAME HAttie Rebecca Montgome 14. MOTHER'S MADEN NAME HAttie Rebecca Montgome 15. SOCIAL SECURITY NO. 17. INFORMANT MISS. Harriet R. Noel Ellico Time for (o), (b), and (c). I MISS. Harriet R. Noel Ellico Social Security No. I MISS. Harriet R. Noel Ellico Time for (o), (b) and (c). I MISS. Harriet R. Noel Ellico Tochello, arterioselectic heart decess Sockitributing to Death But Mot related to the terminal disease Condition given in the country of the while of work of the

BE SHOWITE BEFORE THE TANK OF THE WORK BY ATE CHARTY THE ď. PHYACOSO STADISTINSO THE WAY PROPERTY AND ADDRESS OF THE PARTY OF bandle Was a solid land \$1 200 els Wille als a descript 27, 1893 Viverniani months obtain ton a reflect to the first of the first to t established and an analysis of the state of the Inchief Thees - mile and the second of the second o

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CERTIFICATE OF DEATH

Reg. Dist. No.

						Keg. Dist. No.	
	1 PLACE OF DEATH o, COUNTY Heward		MARYLAND 2.	USUAL RESIDENCE (W. STATE Maryland	here deceased lived. If institute b. COUNTY	on: Residence before adm Howard	ission)
	b CITY OR TOWN (if outs de corporate RURAL and give rearest town) Harwood Park	limits, write c. LENGTH O	F STAY IN 16	E. CITY OR TOWN (IF	outside corporate limits, write R		wn]
	d. NAME OF HOSPITAL (If not in hospi	iol, give street oddress)	1	d. STREET ADDRESS 7000 H1gh	land Ave.	ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print) GOT	First	Middle Hood	Lost	4. DATE Mon OF DEATH May 15/		Year 19
	5 SEX 6. COLOR OR RA			pril 22,1	9. AGE (In years lost birthdoy) 77 yrs	Months Doys Haur	
	100 USUAL OCCUPATION (Give kind of v during most of working life, even if re Retired Brakeman	tired	. R. R.	Frederi	.ok, Md.	12 CITIZEN OF WHAT	COUNTRY?
_	Samuel Heed		1	4. MOTHER'S MAIDEN I			
	15 WAS DECEASED EVER IN U. S. ARMED	FORCES? 116, SOCIAL SECUR	RITY NO. INFO	RMANT	Addi	rest.	
	(If yes, give war or date				leed, 7000 Hig		
	18. CAUSE OF DEATH [Enter only or		and (c).]		- 1	INTERVAL ONSET AN	BETWEEN ID DSATH
	PART I, DEATH WAS CAUSED IMMEDIATE CAU		to G	2000	y orche	racon 1	the
		E TO	-6-	1.		1 3	45
	Conditions, if any, which gove rise to immediate	(b)	aro	- Comment of the second	way the	2006	100
	lying couse lost	(c) Colica	Cujan	when !	of Probile	10 10	82
ì	PART II OTHER SIGNIFICANT	* /	TO BEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV		S AJTOPSY FORMED?
	I CAT	-		*			□ NO D
	PART II OTHER SIGNIFICANT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE UP 1 FEITHER, NOTIFY MEDICAL EXAMIN	206 DESCRIBE HOW IN ATH IER)	JURY OCCURRED. (I	Enter noture of injury in	Part I or Part II of item 18 }		
	Hour o.m.	Yeor 20d INJURY OCCUR While Not while of work of work		OF INJURY (Home, form , street, office bldg , etc.		(County)	(Stote)
	21. I certify that I attended	OI WOLK OI WOLK	lamo	19 56, to 6	The - 1220 34	That I last saw the	In an annual
	alive an May 2		and the same of th	curred at 10 + 5			
	0/0 47				ADDRESS (Street, city or town,		ATE SIGNED
1	SIGNATURE P	remba	M.D	36	04 111a	in out	129/3
/	PHYSICIAN'S BBB	umbac	194	26	Bridg	\$ 2777	4
	220 BURIAL, CREMATION, REMOVAL (Specify)	8/59 Zc. NAME O	of CEMETERY OR C	REMATORY	Baltimore 2	or county) (SI	lole)
	20 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		_		STRAR'S SIGNATURE	
	Talloral D	irectors, 410	I Edmen	de DATE	MAY 1 8 '59	7.72. 0 30	

TO HOSTITAL DR ATTENDING FEYSICIAN: The form Equires that the death merificate by executed within 21 haurs after death. Page 11 may be retained by cospital or attending physician.

TO FUNERAL DIRECTAL After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted with the registror prior to burial, cremotion, ar removal, and in any event within 72 hours offer death. VS =15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTICICATE OF DEATH

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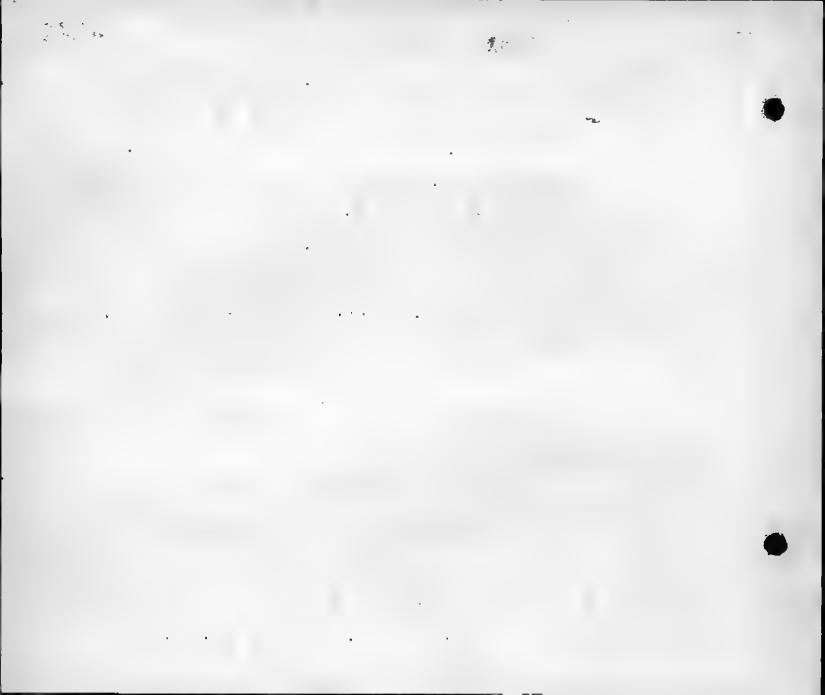
			288		CERTIF	ICAI	EOFD	EAIN			Reg. I	Pist. No		
-	1. PLACE OF DEATH o. COUNTY Howard				MARYL	f l	USUAL RESID		re decease	d lived, It institu b. COUNT		ence befo	re admiss	ian)
,	B. CITY OR TOWN (I) RURAL and give on Ellicott (OTH OF STAY II	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City									
	d. NAME OF HOSPIT OR INSTITUTION COLUMB	d STREET ADDRESS Columbia Road								IS RESIDENCE ON A FARM? YES NOTE				
	3. NAME OF First DECEASED				Middle		Lost		4. DATE OF	Mi	onth .	De	у	Yeor
ı	(Type or print)			RINE MOYLAN		N	_		DEATH	Ma	May 3,195		59 19	
ı	5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED			ATE OF BIRTH			9. AGE (In year fost birthday)				ER 24 HRS		
ı	Female	White	WIDOWI	-	DIVORCED	<u> </u>	1-11-19			58 yr	i.	Days	Hours	Min.
	10a. USUAL OCCUPATION during most of work At Home	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF		INDUSTRY		yland		ountry)	12. 0	ITIZEN (OF WHAT	COUNTRY
	13. FATHER'S NAME					1	4 MOTHER'S	MAIDEN N	AME					
	Thomas Beall						? Roderick							
	15. WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL S	ECURITY NO.	17. INFO	RMANT			Ad	dress			
V	No			?		Harr	y J.Moj	lan,	Ellico	ott City	,Md			
/		TH [Enter only one co	iuse per li	ne for (a),	(b). end (c).]	2			_			INT	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Carpling Karling - arente													
1	サリマク	DUE TO	0		2 18			0		Ω				
1	Conditions, if ony, which gove rise to immediate (b) Colonial 1944					allo	usion;	cherce	· e 10 cm					
	couse (a), stating lying couse last.				,				-/				0	
	-	HER SIGNIFICANT CON	IDITIONS (ONTRIBU	ITING TO DEAT	TH BUT NO	T RELATED TO	THETERMIN	IAL DISEAS	E CONDITION G	IVEN IN PA	ART 1(a)	PERFO	AUTOPSY PRMED?
	20g ACCIDENT WA	S LINDERLYING FT	20h DES	CRIRE HO	W INIURY OC	CURRED	nter enture of	iniury in Pr	ort Lor Por	t II of item 18]			TES [NO 🛛
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)				CORNED. I	THE TICIOTO	11,101,7 111 11	• (1 1 •) 10.					
	20c. TIME OF INJUR Heur a. m.	Y Month, Doy, Ye	4	VJURY O		Ge PLACE	OF INJURY (B	ome, form,	20f. (Crh)	or lawn)		(Caunty)		(State)
	Heur a.m.	19	While of wor		while vork		r, street, office	Diag., etc.)						
	21. I certify that I attended the deceased from May , 1953, to May 3 , 1959, that I last sow the decease													
	alive on april 21 1959, and that death accurred at 7 AM, from the causes and an the date stated above													
	ADDRESS (Street, city on town, stote) DATE SIGNE													
	SIGNATURE Kabert B. 1 aylow M.D. Califolia Rd Clicaly City May 4-5													
	PHYSICIAN'S NAME (Type)			0								/	d	iller voor oon opp oon oon opp o
	220. BURIAL, CREMATIO REMOVAL (Specify)	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY					REMATORY		22d. LOCA	TION (City, town			(Stot	e)
	Burial	5-6-	59		New C	athed	ral			Baltimo	re, Mo	1		
	23 FUNERAL DIRECTOR	s signature bothom, Ell	100+4		DRESS			24a REC'D			ISTRAR'S			
ľ	T. O.O. LITE TII	DOULDED FITT	TOOLL	OTO	y 9 1784			DATE MA	Y b	59 C	Lithur a	di mia	ALAE .	

DATE MAY 6

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be acched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

ral director, be filed with



CERTIFICATE OF DEATH 5693 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission COUNTY filed o. STATE b. COUNTY MARKETANOR b. CITY OR TOWN (If outside corporate limits, write RUBAT onth give neorest toyth) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 30 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? .0.3 YES NO 10 NAME OF First Milddle Last DATE Month Day Yeor DECEASED (Type or print) DEATH 19.4 an 15 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER) YEAR IF UNDER 24 MRS lost birthdoxl Months. Days Hours popers. WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY EIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of forking life, even if retired) puo carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER NU S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address / 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INVERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 4(12 **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PAM 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORM50? YES | NO/T 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Hour o.m. While Not while a. m ot work of work 21. I certify that I attended the deceased from WUG, Lithat I last saw the deceased and that death occurred at... M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED DIRECT ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 270 BURIAL CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) TREMOVAL (Specify) 0 FONERAL DIRECTOR'S SIGNATUR **ADDRESS** 24a, REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE VS A15 (4) Cother & Kinek 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/5S H

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18
WITH SIMIL DELVERSIEN OF	HENCH - SWITHWORE, 10

5694 CERTIFICATE OF DEATH

Reg. Dist. No. 15688

1. PLACE OF DEATH o. COUNTY HOWard MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Marvland Howard								
b CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) Taniels	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Daniels /d STREET ADDRESS •. IS RESIDENCE ON A FARM? YES NO Y								
3. NAME OF DECEASED (Type or print) CEPHAS S. PIICHER	Lost 4. DATE Month Day Year OF DEATH May 5.1959 19								
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS								
Male White WIDOWED DIVORCED	12-21-1890 (68 yrs. Months Doys Hours Min.								
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
Retired Textile Mills	Virginia								
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
John Pilcher	Delsie Burton								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no. or unknown] [If yes, gave wer or doles of service]	INFORMANT Address								
	han 63 (003								
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	THILURE ONSET AND DEATH								
4 de de , DUE TO									
Conditions, if ony, which) 101 - THRONIC	MYOSARTIAL TISEASE 5 Yrs -								
gove rise to immediate DUETO									
lying couse lost.	20 Yes								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)									
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Doy. Year 20d INJURY OCCURRED Hour o. m. You while Not while foctory, street, office bidg., atc.) (City or lown) (County) (Stole)									
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 Of work									
21. I certify that I attended the deceased from 19-15, 19-9, to 5-1, 19-3, that I last saw the deceased									
alive on 5-1, and that death occurred at 445 PM, from the causes and on the date stated above.									
ADDRESS (Street, city or town, stote) DATE SIGNED									
SIGNATURE VITTONE MD. EIVICOTT CITY 5-6 50									
PHYSICIAN'S PETERS I THERE MYS MYS.									
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	(310.6)								
Burial 5-8-59 Good Shenher	Ellicott City, Md								
	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
F.C. Higinbothom, Ellicott City, Md	DATEMAY 8 '59 Crithun S. Kraus								



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05689 L EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, all institutions Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside cornerate limits c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? "At home of a son" YES NO NAME OF **First** Middle 4. DATE Month Dav DECEASED (Type or print) DEATH ğ 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DAJE OF SIRTH 5. SEX 9. AGE (In yagra IF UNDER TYEAR IF UNDER 24 HRS cut birthday) Months WIDOWED T DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working tife, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 020 å arnentel 13. FATHER'S NAME MOY 14. MOTHER'S MAIDEN NAME Poges 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (o) stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS 205. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part 11 of item 18.] PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20d. INJURY OCCURRED (County) Hour While e. m. Not while at work at work p. rs. Buiting 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection V. Inquiry & and find that death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined cause . certificate DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Mav 10.1950 Rasnick Leck Dickenson Go 23. FUNEMAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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Year

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(Stote)

attack former particular of the property of the second section and the Total The Allerton Control of the State of the Land of the L

5696

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05690 Reg. Dist. No.

1. PLACE OF DEATH	Howard	MARYLAN	a. STATE Maryland b. County Howard										
	b. CITY OR TOWN (If ourside corporate limits, write RURAL ond give nearest fewn) Fulton					c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Fulton							
d. NAME OF HOSPI	TAL OR INSTITUTION (I	d. STREET A	d. STREET ADDRESS										
3. NAME OF DECEASED (Type or print)	Fin JO		Middle 57%	WOWSKO		DATE OF DEATH	Man		Doy 20	Year 19 59			
5. SEX Male	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED A	8. DATE OF BIRTH			AGE (In years out birthday)	Months D	YEAR IF U	NDER 24 HRS,			
10a. USUAL OCCUPATE during most of worki	ng life, even it retired)		TRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State at fareign country) 14. CITIZEN OF WHAT COUNTRY? 15. CITIZEN OF WHAT COUNTRY?										
13. FATHER'S NAME	H. STANO	14. MOTHER'S MARY	REX										
15. WAS DECEASED EV	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (fel, no, or unknown) [If yes, give war or date of service]			OBERT A.	HU6H	ES 30	8 THOI		RIVE 1	HUNTE N			
Canditians, if a gave rise to imme (a), stating the cause last. PART II. OT PART II. OT PRIMARY ar CO CAUSE OF DEATH	diale cause underlying DUE TO		ONTRIBUTING TO DEATH BU					VEN IN PART	1(a) 19. W. PEI	RFORMED?			
20c. TIME OF INJU		Whil	1	LACE OF INJURY (Incidency, street, office		20f. (City or	town)	{Caun	ity)	(State)			
	hot I took chorge From: Notural	_	remeths described of Accident [], S	vicide 🔲, H	Autopsy Iomicide	, Unde	ection [DA	nd find that			
EXAMINER'S NAME (Type)	Paul F.	Gueri	in, M.D.		MEDICAL EX	LEXAMINER G	3		5/2	20/59			
220. BURIAL, CREMATIC	5/22/	5-9	Strans	OR CREMAJORY		Du.	llan	m	d	Stale)			
23. FUTHERAL DIRECTO	Canaline Cana	Ul	ADDRESS January	1 ml		BY REGISTRAR Y 2 6 '59		listrar's sign		Ý			

VS. A15ME(S) 5M 9/55

BEAGO WEST -3002 man and formation of the state There is a first than I have been a surprised of some